

PRINTING REQUISITION FORM

FROM:

TO: N12

ITEM: A = Forms B = Instructions and notices C = Miscellaneous D = PAT Pubs Job # =

JUSTIFICATION:

DISTRIBUTION: (Name, Address, Phone Number)

DISTRIBUTION CONTACT:

PHONE

DATE REQUIRED:

CODE:

EXT:

NO. OF ORIGINALS

NO. OF COPIES

COVER:

COVER COLOR:

YES / NO

COLLATE:

STAPLE:

HOLES: 3 LEFT HOLES OTHER

YES / NO

1 ULC 2 TOP
2 SIDE NONE

2 TOP HOLES

PAPER:

INK COLOR:

PAPER SIZE:

PAPER COLOR:

BOND NCR INDEX

PAD:

YES / NO

PRINTING:

1 SIDE H TO H H TO F
HEAD TO L HEAD TO R LAYOUT

REQUISITIONER SIGNATURE

DATE OF REQUEST:

For Management Support Personnel Only

Date Received

Initials

Job inspected by: (initials)

Acceptable: YES / NO Unacceptable: YES / NO

Comments: